

316 N. Park, Room 230 Helena, MT 59623 PH: 406.447.8351

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Farmer's Market Food Exemption Registration

Date of Submission:			
Name of Applicant:			
Phone Number(s):			
Address of Applicant:			
E-mail Address:			
Name of Organization or Bus	iness:		
Request for (Circle one):	Wednesday Market	Saturday Market	Both
for icings, glazes, fillings, dou	ch ingredient list for each prodighs, and crusts separately. Probkie, pie, or scone. A lack of dition.	ovide a description of the prod	duct unless
	n-site to provide information on ch product with ingredient and		your
	ot specifically referenced in the from a licensed food facility.	exemption must be manufact	tured,
	ected from contamination. Placered containers prior to bringing		l
lists the items that are	has been reviewed, you will be approved for sale. This certificany food items not listed on the c	ate must be publically displaye	ed at your
I certify that the information a changes must be submitted a	bove is complete and accurate and reviewed.	. I understand that any propo	sed
		Date	
Applicant's Signature			

Any changes must be submitted, reviewed and approved prior to sale.

If we have questions or need additional information we will contact you. The **Farmer's Market Certificate** issued by Lewis & Clark City-County Health Department **for the current season is valid only for that season**.